



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

Ahmed Khalifa, MD

Respondent Name

Middlesex Insurance Co

MFDR Tracking Number

M4-14-2850-01

Carrier's Austin Representative

Box Number 19

MFDR Date Received

May 15, 2014

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Please note that the CPT codes and MAR as not bundled not compounded and are to be billed and reimbursed separately and independently from one another. As you will note from the attached supporting documentation all components were performed and billed accordingly based on the TDI-DWC Fee guidelines and per Rule 133..."

Amount in Dispute: \$253.13

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: Position statement from Coventry Workers' Compensation Comp Services dated May 30, 2014. "CPT 99203 would be included in procedures performed on the same day (95886 & 95910), as the provider has not appended a modifier to show that this was a separate Evaluation and Management service in addition to the needle EMG and Nerve Conduction studies performed by Dr. Khalifa on the same day. Additionally the documentation submitted does not support that an office visit was even performed on 02/26/2014."

Position statement submitted by Flahive Ogden & Latson dated June 6, 2014, "Carrier denied the reimbursement was owed for an office visit billed under CPT 99203 as that services is a duplicate or unbundled from the reimbursement for the testing under other codes. Carrier reduced the reimbursement under CPT 95886, 95910 and A4556 based upon the applicable fee guidelines or negotiate4d fee schedule. Carrier asserts that no additional reimbursements are owed.

Response Submitted by: Coventry, Flahive Ogden & Latson

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
February 26, 2014	99203, 95886, 95910, A4556	\$253.13	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.

2. 28 Texas Administrative Code §134.203 sets out the reimbursement guidelines for professional medical services.
3. The services in dispute were reduced/denied by the respondent with the following reason codes:
 - B12 – Services not documented in patients' medical records.
 - 97 – The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.
 - W1 – Workers Compensation state fee schedule adjustment
 - 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.

Issues

1. Did the requestor follow Division rules and guidelines in submission of disputed services?
2. Is the requestor entitled to reimbursement?

Findings

1. The carrier denied the service in dispute as, B12 – “Services not documented in patients' medical records.” 28 Texas Administrative Code §134.203(b) states, “For coding, billing, reporting, and reimbursement of professional medical services, Texas workers' compensation system participants shall apply the following: (1) Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits; modifiers; bonus payments for health professional shortage areas (HPSAs) and physician scarcity areas (PSAs); and other payment policies in effect on the date a service is provided with any additions or exceptions in the rules. (2) A 10 percent incentive payment shall be added to the maximum allowable reimbursement (MAR) for services outlined in subsections (c) - (f) and (h) of this section that are performed in designated workers' compensation underserved areas in accordance with §134.2 of this title (relating to Incentive Payments for Workers' Compensation Underserved Areas).
 - Per Medicare policy, procedure code 99203, a detailed office visit for evaluation and management of new patient requires:
 - a. Documentation of the Detailed History
 - i. History of Present Illness (HPI) consists of at least four elements of the HPI or the status of at least three chronic or inactive conditions. No documentation was found to support.
 - ii. Review of Systems (ROS) requires two to nine systems to be documented. No documentation was found to support.
 - iii. Past Family, and/or Social History (PFSH) requires at least one specific item from any three history areas to be documented. No documentation was found to support.
 - b. Documentation of a Detailed Examination:
 - i. Requires at least six organ systems to be documented, with at least two elements per listed system. No documentation was found to support

Counseling and/or coordination of care: No documentation to support.

Review of the submitted medical records finds the carrier's denial is supported no payment can be recommended for this service.

2. 28 Texas Administrative Code 134.203(c) states, “To determine the MAR for professional services, system participants shall apply the Medicare payment policies with minimal modifications. (1) For service categories of Evaluation & Management, General Medicine, Physical Medicine and Rehabilitation, Radiology, Pathology, Anesthesia, and Surgery when performed in an office setting, the established conversion factor to be applied is (date of service yearly conversion factor).
 - Procedure code 95886, service date February 26, 2014, represents a professional service with reimbursement determined per §134.203(c). The Medicare fee is the sum of the geographically adjusted work, practice expense and malpractice values multiplied by the conversion factor. The MAR is calculated by substituting the Division conversion factor. For this procedure, the relative value (RVU) for work of 0.86 multiplied by the geographic practice cost index (GPCI) for work of 1.014 is 0.87204. The practice expense (PE) RVU of 1.67 multiplied by the PE GPCI of 1.004 is 1.67668. The malpractice RVU of 0.04 multiplied by the malpractice GPCI of 0.939 is 0.03756. The sum of 2.58628 is multiplied by the Division conversion factor of \$55.75 for a MAR of \$144.19 at 2 units is \$288.38.
 - Procedure code 95910, service date February 26, 2014, represents a professional service with reimbursement determined per §134.203(c). The Medicare fee is the sum of the geographically adjusted work, practice expense and malpractice values multiplied by the conversion factor. The MAR is calculated by substituting the Division conversion factor. For this procedure, the relative value (RVU) for

work of 2 multiplied by the geographic practice cost index (GPCI) for work of 1.014 is 2.028. The practice expense (PE) RVU of 3.07 multiplied by the PE GPCI of 1.004 is 3.08228. The malpractice RVU of 0.12 multiplied by the malpractice GPCI of 0.939 is 0.11268. The sum of 5.22296 is multiplied by the Division conversion factor of \$55.75 for a MAR of \$291.18.

- Procedure code A4556, service date February 26, 2014, represents a supply or equipment with reimbursement determined per §134.203(d). The fee listed for this code in the Medicare DMEPOS fee schedule is \$13.28. 125% of this amount is \$16.60.
3. The total allowable reimbursement for the services in dispute is \$596.16. This amount less the amount previously paid by the insurance carrier of \$596.16 leaves an amount due to the requestor of \$0.00. No additional reimbursement can be recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

_____	_____	September 11, 2014
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, 37 *Texas Register* 3833, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.